

Maryland Department of Health and Mental Hygiene
Prevention and Health Promotion Administration
Office of Infectious Disease Surveillance and Outbreak Response
Division of Infectious Disease Surveillance

New/Updated 2014 National Case Definitions

Arboviral diseases, neuroinvasive and non-neuroinvasive

- Altered *Clinical Description* slightly
- Eliminated “Fever” requirement from *Clinical Criteria - Neuroinvasive disease*
- Changed “Fever” to “Fever or chills” in *Clinical Criteria - Non-Neuroinvasive disease*
- Altered *Laboratory Criteria for Diagnosis and Case Classification - Confirmed Non-Neuroinvasive disease* sections: deleted “Virus-specific IgM antibodies in CSF and a negative result for other IgM antibodies in CSF for arboviruses endemic to the region where exposure occurred”
- Reorganized so that the prior *Epidemiological Classification* content now included in *Comments*

Congenital Syphilis

Note: The Congenital Syphilis case definition now appears separately from Syphilis case definition.

- Expanded *Background* to include more detailed description of clinical presentation and transmission routes of syphilis
- Added clarifying information re laboratory specimens and tests in *Case Classification - Probable*

Gonorrhea

- Added *Background* section
- Expanded *Clinical Description* to include “proctitis” and “pharyngitis”
- Expanded *Laboratory Criteria for Diagnosis* to include “endocervical smear obtained from a female” in “Observation of gram-negative intracellular diplococci...” criterion
- Expanded *Case Classification - Probable* to include “Demonstration of gram-negative intracellular diplococci in a urethral smear obtained from a male”
- Deleted “A written morbidity report of gonorrhea submitted by a physician” from *Case Classification - Probable*
- Expanded *Case Classification - Confirmed* to specify the required laboratory criteria

Malaria

- Added *Background* section
- Expanded *Laboratory Criteria for Diagnosis* to clarify/add “determining the species by morphologic criteria, and calculating the percentage of red blood cells infected by asexual malaria parasites” to “Detection of malaria parasites...” criterion
- Added *Criteria to Distinguish a New Case from an Existing Case* section
- Expanded *Case Classification - Confirmed* to include “Detection of unspiciated malaria parasite by microscopy on blood films...”
- Added *Case Classification Comments* section
- Revised “Relapsing” definition in *Comments* to “Recurrence of disease after it has been apparently cured...”

Novel influenza A virus infections

Note: The 2013 and 2014 case definitions have identical content.

- Added *Background* section
- Renamed prior *Exposure* section - now *Epidemiologic Linkage* section

Pertussis

- Added *Background* section
- Added *Clinical Criteria* section
- Added *Laboratory Criteria for Diagnosis* section
- Added *Epidemiologic Linkage* section
- Added “For Infants Aged <1 Year Only” sub-section to *Case Classification - Probable*
- Added “Apnea (with or without cyanosis) (For Infants Aged <1 Year Only)” to symptoms list in *Case Classification – Confirmed* and *Case Classification – Probable*
- Added new *Case Classification Comment* providing additional epidemiologic linkage information

Shiga toxin-producing *Escherichia coli* (STEC)

- Added *Background* section
- Added note about the use of the term “thrombotic thrombocytopenic purpura [TTP]” to *Clinical Description*
- Reorganized/expanded *Laboratory Criteria for Diagnosis* into two sub-sections: “Laboratory confirmed” and “Supportive laboratory results”
- Added *Epidemiologic Linkage* section (information originally in *Case Classification - Probable*)
- Changed “epidemiologically linked to a confirmed or probable case” to “a contact of an STEC case or is a member of a defined risk group during an outbreak” in *Case Classification - Probable*

Syphilis

- Eliminated several Subtypes: “Neurosyphilis” (now discussed in *Comments*), “Syphilis, Congenital” (this case definition now listed separately), “Syphilis, Latent”, “Syphilis, Latent Unknown Duration”, and “Syphilitic Stillbirth”
- Expanded *Background* section
- Expanded both the “Early Latent” and “Late Latent” *Probable Case Classifications* to include, “A person with no clinical signs or symptoms who has one of the following: No past diagnosis of syphilis, AND a reactive nontreponemal test AND a reactive treponemal test OR a current nontreponemal test titer demonstrating fourfold or greater increase from the last nontreponemal test titer” (note: these criteria previously fell under old “Latent” Subtype).
- Expanded “Early Latent” *Probable Case Classification* to include “Documented seroconversion of a treponemal test during the previous 12 months” and “Only sexual contact was within the last 12 months”
- Added new testing methods to the “Primary” *Probable Case Classification*: *T. pallidum* particle agglutination [TP-PA] and enzyme immunoassay [EIA]
- Expanded “Secondary Syphilis” *Clinical Description*
- Changed “Secondary Syphilis” *Probable Case Classification* to require “a reactive treponemal test...”
- Moved “Neurosyphilis” information and case definition to *Comments*

Trichinellosis

- Expanded *Clinical Description* to include information re consumption of *Trichinella*-containing meat
- Divided/expanded *Laboratory Criteria for Diagnosis* into 2 sub-sections: “Human Specimens” and “Food Specimens”
- Added *Epidemiological Linkage* section
- Added *Criteria to Distinguish a New Case from an Existing Case* section
- Added new *Probable and Suspected Case Classifications*
- Revised/expanded *Comments* section to include information re negative serological results and epi-implicated meals